

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 1 3

2. STATE:

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

February 21, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)-

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.304; 440.130; 447.352

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$(2458.32)

b. FFY 2001 \$(4330.63)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Item 9, p 1
Attachment 4.19-B, Item 9, p 1
Attachment 4.19-B, Item 9, p 5
Attachment 3.1-A, Item 4.b., p 99. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same (TN 97-14)

Same (TN 00-09) pending

Same (TN 89-39)

New Page

10. SUBJECT OF AMENDMENT: The purpose of this amendment is to terminate coverage and reimbursement
for substance abuse clinic services under the Medicaid Program.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: The Governor does not
review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

David Hood by John L. Ligon

13. TYPED NAME:

David W. Hood

14. TITLE:

Secretary

15. DATE SUBMITTED:

March 27, 2000

16. RETURN TO:

State of Louisiana
Department of Health & Hospitals
1201 Capitol Access Road
PO Box 91030
Baton Rouge, LA 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

03-27-2000

18. DATE APPROVED:

June 6, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

February 21, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Sandra Hall

21. TYPED NAME:

for Calvin G. Cline

22. TITLE:

Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 3.1-A
Item 9. Page 1

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

CITATION Medical and Remedial Care and Services
42 CFR Item 9.

447.304
440.130 Clinic Services (Other than Hospitals)

A. Mental Health Clinics, Prenatal Health Care Clinics, Family Planning Clinics, End
Stage Renal Disease Facilities, and Radiation Therapy Centers

Clinic services are defined as diagnostic, preventive, therapeutic, rehabilitative, or palliative items or services furnished to an outpatient by or under the direction of a physician in a facility which is not part of a hospital but is organized to provide medical care to outpatients. The Bureau of Health Services Financing will make payment to private and public end stage renal disease facilities for outpatient dialysis services, radiation therapy centers for radiation therapy service, mental health clinics for outpatient mental health services, prenatal health care clinics for outpatient prenatal services, and to family planning clinics for family planning services.

There is a limitation of a maximum of one procedure per day per recipient for mental health clinic services. Occupational therapy, recreational therapy, music therapy and art therapy are not reimbursable services under the Medicaid program.

Prenatal care provided in a prenatal health care clinic is subject to limitations on these services described in Attachment 3.1-A, Item 20.a.

EPSDT RECIPIENTS MAY BE EXCLUDED FROM SERVICE LIMITATIONS BASED
ON MEDICAL NECESSITY

STATE <u>Louisiana</u>	A
DATE REC'D <u>03-27-2000</u>	
DATE APPV'D <u>06-06-2001</u>	
DATE EFF <u>02-21-2000</u>	
HCFA 179 <u>LA-00-13</u>	

TN# 00-13 Approval Date 06-06-01 Effective Date 02-21-00
Supersedes
TN# 97-14

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 4.19-B

Item 9. Page 1

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION

42 CFR
447.352

Medical and Remedial Care and Services
Item 9.

Clinic Services (Other than Hospitals)
reimbursed as follows:

I. Method of Payment

A. Mental Health Clinics, Family Planning Clinics, End Stage Renal Disease Facilities, and Radiation Therapy Centers.

- (1) Payment to public mental health clinics is made for these services on the basis of costs.

Payment to family planning clinics is made at the same prospective fee for service as authorized for Physicians and other provider services covered under the plan. For those services not covered elsewhere in the plan, payment is based on 1987 audited costs determined to be reasonable. Reimbursement for services provided under this section shall be adjusted to reflect any rate increase granted under Physician and other provider services covered under the plan. Those services not covered elsewhere in the plan shall be limited to the average cost granted for other services provided under this section. Family planning clinics are reimbursed at ninety-three per cent (93%) of the established fee schedule in effect as of February 7, 2000.

- (2) Payment to private mental health clinics is based on charges not to exceed a reasonable rate set by the State. Public clinic cost data will be used as one of the determinants of forming a basis to establish rates for private clinics. Charge data will also be a factor in rate determination.

- (3) Payment to freestanding End Stage Renal Disease (ESRD) facilities and radiation therapy centers are reasonable charges not to exceed Medicare payments.

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TN# 00-13 Approval Date 06-06-01 Effective Date 02-21-00
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TN# 00-09

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 4.19-B
Item 9. Page 5

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Medical and Remedial Care and Services

Item 9

Clinic Services (Continued)

under the plan. Those services not covered elsewhere in the plan shall be limited to the average cost granted for other services provided under this section.

II. Standards for Payment

- A. "Clinic services" are diagnostic, preventive, therapeutic, rehabilitative or palliative items or services furnished to an outpatient by or under the direction of a physician in a facility which is not part of a hospital but which is organized and operated to provide medical care to patients.

Mental health clinics must meet the standards for psychiatric facilities providing clinic services as determined by the Bureau of Health Services Financing, Health Standards Section. ERSD facilities must meet the Title XVIII qualifications and be Medicare certified as free-standing end stage renal disease facilities. Radiation therapy centers must adhere to all federal and state laws governing radiation control.

- B. "Ambulatory Surgical Centers services" must be medically necessary, diagnostic, preventive, therapeutic, rehabilitative or palliative items or services furnished to an outpatient by or under the direction of a physician, osteopathic physician or dentist (for emergency and life threatening conditions and for EPSDT eligibles) in a facility which is not part of a hospital but which is organized and operated to provide medicare to patients. This facility does not provide services or other accommodations for patients

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TN# 00-13 Approval Date 06-06-01 Effective Date 02-21-00
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TN# 89-39

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

Attachment 3.1-A
Item 4. b. Page 9

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

Medical and Remedial Care and Services
Item 4.b. EPSDT Services (Contd)

Substance Abuse Services

Substance Abuse services shall be available to recipients up to age twenty one through the Office of Addictive Disorders (OAD). OAD will either provide or arrange for the delivery of services and treatment.

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TN# SUPERSEDES: NONE - NEW PAGE